

EXPRESS MAIL LABEL NO. #3

PTO/SB/01 (6-95)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPlease type a plus sign (+) inside this box 0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket Number

310265.90261

First Named Inventor

Dr. Paul C. Tang

COMPLETE IF KNOWN

Application Number

09/524,826

Filing Date

03/14/2000

Group Art Unit

Examiner Name

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRONIC MEDICAL RECORDS SYSTEM WITH ACTIVE CLINICAL GUIDELINES

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) 03/14/2000 as United States Application Number or PCT International

Application Number

09/524,826and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. QBMAD\212308

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DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number or label _____
OR
 List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Neil E. Hamilton	19,869	Joseph W. Bain	34,290
Thomas W. Ehrmann	20,374	Robert J. Sacco	35,667
Barry E. Sammons	25,608	Jean C. Baker	35,433
J. Rodman Steele	25,931	David G. Ryser	36,407
Nicholas J. Seay	27,386	Bennett J. Berson	37,094
George E. Haas	27,642	Michael A. Jaskolski	37,551
Harvey D. Fried	28,298	Allen J. Moss	38,567
Michael J. McGovern	28,326	Sherry Whitney	39,422
Carl R. Schwartz	29,437	Jill A. Fahrlander	42,518
Gregory A. Nelson	30,577	Scott D. Paul	42,984
Keith M. Baxter	31,233	Daniel G. Radler	43,028
John D. Franzini	31,356	Steven J. Wietrzny	44,402

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto
Please direct all correspondence to Customer Number or label _____ OR Fill in correspondence address below

Name: Nicholas J. Seay
Address: Quarles & Brady LLP
Address: P O Box 2113
City: Madison State: WI Zip: 53701-2113
Country: USA Telephone: (608)251-5000 Fax: (608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor
Given: Paul Middle Initial: C. Family Name: Tang Suffix: _____
Inventor's Signature: *Re C. J.* Date: 5-30-00

Residence: Los Altos State: CA Country: US Citizenship: US

Post Office: 1270 CARMEL TERRACE

Post Office: _____

City: Los Altos State: CA Zip: 94024 Country: US Applicant Authority: _____

Additional inventors are being named on supplemental sheet(s) attached hereto

JUL 06 2000

Please type a plus sign (+) inside this box

PATENT & TRADEMARK OFFICE

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given	Charles		Middle Initial	Y.	Family Name	Young		Suffix	
Inventor's	<i>Charles Young</i>						Date	5/30/2000	
Residence:	Palo Alto		State	CA	Country	US	Citizenship	US	
Post Office	4162 Crosby Place, Palo Alto, CA 94306								
Post Office									
City	Palo Alto	State	Ca	Zip	94306	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given			Middle Initial		Family Name			Suffix	
Inventor's							Date		
Residence:			State		Country			Citizenship	
Post Office									
Post Office									
City			State		Zip			Country	Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given			Middle		Family			Suffix	
Inventor's							Date		
Residence:			State		Country			Citizenship	
Post Office									
Post Office									
City			State		Zip			Country	Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given			Middle		Family			Suffix	
Inventor's							Date		
Residence			State		Country			Citizenship	
Post Office									
Post Office									
City			State		Zip			Country	Applicant Authority
Additional inventors are being named on supplemental sheet(s) attached hereto									

EXPRESS MAIL LABEL NO. _____

PTO/SB/09 (6-95)

Approved for use through 9/30/98. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

#3

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c))--SMALL BUSINESS**

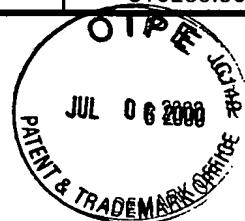
Docket Number (Optional)
310265.90261

Applicant or Patentee: Paul C. Tang/Charles Y. Young

Serial or Patent No.: 09/524,826

Filed or Issued: 03/14/2000

Title: Electronic Medical Records System With Active Clinical Guidelines



I hereby declare that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: Epic Systems Corporation

ADDRESS OF SMALL BUSINESS CONCERN: 5301 Tokay Blvd.
Madison, WI 53711

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with the title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention must file separate verified statements averring to their status as small entities and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each such person, concern or organization having rights in the invention is listed below:

No such person, concern, or organization exists.
 Each such person, concern or organization is listed below.

FULL NAME _____

ADDRESS _____
 Individual Small Business Concern Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Judith Faulkner

TITLE OF PERSON OTHER THAN OWNER CEO

ADDRESS OF PERSON SIGNING Epic Systems Corp., 5301 Tokay Blvd. Madison, WI 53711

SIGNATURE Judith Faulkner DATE: 5/31/00, 2000

Burden Hour Statement: This form is estimated to take .3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.